IN THE SPECIFICATION:

Please amend paragraph **[0014]** as indicated below:

[0014] A mechanical clip is known, however, the known mechanical clip has drawbacks. The known clip is a two legged clip that is passed through an endoscope's working channel via a flexible delivery catheter. The jaws of the clip are remotely opened, pushed into the bleeding site, closed and detached. Because of the requirement to pass the clip through the endoscope, the clip's size must be limited which prevents the clip from being able to clamp off all of the vessels in the tissue around the wound. Additionally, the clip is not able to provide sufficient clamping force because of its structural design. Thus, these clips require multiple applications and are not effective for definitive hemostasis. An additional problem with these clips is that when delivering these clips to the wound site, good visualization of the bleeding vessel cannot be obtained. The endoscopist may be required to blindly attach the clip, resulting in an imprecisely ~~preformed~~ performed procedure that may require guess work on the part of the endoscopist.

Please amend paragraph **[0117]** by deleting the **"bold"** typeface on the word "through"as indicated below:

[0117] As can be seen in ~~**FIGS. 11 through 13**~~ **FIGS. 11** through **13**, the system for deploying a surgical clip within the patient's body may also include a tissue grasping device that may be disposed through a working channel of the endoscopic device. The present invention is not limited to any particular embodiment for a tissue grasping device and ~~**FIGS. 11 through 13**~~ **FIGS. 11** through **13** illustrate alternative embodiments for the tissue grasping device. The purpose of the tissue grasping device is to manipulate the target tissue that is to be compressed such that it is positioned within the endoscope cap. The tissue grasping device may be utilized in conjunction with suction that is applied to the tissue through the working channel of the endoscopic device. The suction would assist in positioning the target tissue within the endoscope cap. However, it is not required that one or the other of a tissue grasping device or a vacuum be

utilized. In the present invention, either a tissue grasping device or suction, or a combination of the two, can be utilized with the present invention. All that is desired is that a mechanism be provided to assist in positioning the target tissue within the endoscope cap.

Please amend paragraph **[0119]** by deleting the **"bold"** typeface on the word "through"as indicated below:

[0119] FIG. 11 illustrates a first embodiment for a tissue grasping device that could be utilized in the present invention. In **FIG. 11**, tissue grasping device 6 is illustrated as being disposed through a working channel (not visible) of the endoscopic device 1. It is noted that the endoscope cap and the surgical clip is not illustrated in ~~**FIGS. 11 through 13**~~ <u>**FIGS. 11** through **13**</u>, however, based upon the previously provided discussion, it can be understood how these components would be configured on endoscopic device 1. Tissue grasping device 6 is illustrated as a solid tapered threaded member. With tissue grasping device 6, grasping of the targeted tissue would be accomplished by screwing the distal end of tissue grasping device 6 into the tissue. The screwing action could be accomplished either by rotating the entire sheath of the endoscopic device 1 or by rotating the tissue grasping device 6 within the sheath, e.g., analogous to a flexible drive shaft. When the device 6 is within the tissue, the tissue can be pulled within the endoscope cap. After deployment of the surgical clip, the tissue grasping device 6 would be unscrewed prior to removal of the endoscopic device 1.

Please amend paragraph **[0138]** by deleting the **"bold"** typeface on the word "through"as indicated below:

[0138] Whereas a first embodiment for surgical clip 10 has been discussed, the present invention is not limited to any particular embodiment or size for the surgical clip. The size of the surgical clip may vary for use in different procedures and on different endoscopic devices. ~~**FIGS. 17 through 33**~~ <u>**FIGS. 17** through **33**</u>, which will be discussed below, illustrate alternative embodiments for a surgical clip in accordance with the present invention.

Please amend paragraph **[0146]** by deleting the **"bold"** typeface on the word "through"as indicated below:

[0146] ~~**FIGS. 23 through 31**~~ **FIGS. 23** through **31** illustrate alternative embodiments for the joints which utilize multiple and/or different components for the joints. As can be seen in **FIG. 23**, an eighth embodiment for surgical clip 50 is illustrated that utilizes compression springs for first joint 51 and second joint 52. The compression springs connect to the ends of the grasping surfaces and provide the biasing force to bias the grasping surfaces toward each other in their tissue grasping position.

Please amend paragraph **[0147]** by deleting the **"bold"** typeface on the word "through"as indicated below:

[0147] ~~**FIGS. 24 through 26**~~ **FIGS. 24** through **26** illustrate alternative embodiments for the joints where springs are used as an additional component in comprising a joint assembly. As can be seen in **FIG. 24**, a ninth embodiment for a surgical clip 55 includes a first extension spring 56A and a second extension spring 57A that are a component of the joint assemblies. Thus, the extension springs 56A, 57A may be utilized to assist the joints 56 and 57, respectively, in applying the biasing force to the first and second grasping surfaces. As is also illustrated in **FIG. 24**, hinge point 56B of joint 56 may be notched as shown so that the majority of the force that is applied is controlled by the springs. Similarly, second joint 57 is notched at its hinge point 57B. Alternatively, the hinge points may be formed as pinned pivot points so that the springs provide the entire closing force on the tissue grasping surfaces.

Please amend paragraph **[0150]** by deleting the **"bold"** typeface on the word "through"as indicated below:

[0150] ~~**FIGS. 27 through 31**~~ **FIGS. 27** through **31** illustrate alternative embodiments for the surgical clip which include elastomeric bands as components of the joints. As can be seen in **FIG. 27**, a twelfth embodiment for a surgical clip 70 is illustrated that has a first joint 71 and a second joint 72. Elastomeric band 71A is included as a component of first joint 71 and elastomeric band 72A is included as a component of second joint 72. As can be seen in **FIG. 27**, the elastomeric bands 71A and 72A are formed such that they are able to stretch, and thus elongate, when the tissue grasping portions are moved to their tissue receiving position and thus assist their respective joints in applying the biasing force to the grasping portions to return them to their tissue grasping position. In this embodiment for surgical clip 70, the elastomeric bands 71A and 72A are attached at first joint 71 and second joint 72, respectively, such as by utilizing an attachment mechanism, e.g., a pin or a screw. The elastomeric bands are attached at an outer surface of their respective joints. As can be further seen in **FIG. 27**, first joint 71 includes a notch 71B at its pivot point and second joint 72 includes a notch 72B at its pivot point.

Please amend paragraph **[0155]** by deleting the **"bold"** typeface on the word "and"as indicated below:

[0155] As discussed previously, when the surgical clip is disposed on the endoscope cap in its tissue receiving position, the tissue grasping surfaces of the surgical clip may exert a force on the endoscope cap which may disadvantageously effect the deployment of the surgical clip off of the endoscope cap. Therefore, it may be desirable to provide a locking mechanism on the surgical clip that could assist in maintaining the surgical clip in its tissue receiving position and which could also serve to reduce the force applied by the surgical clip on the endoscope cap. However, once the surgical clip is deployed off of the endoscope cap, the lock would disengage under the biasing pressure applied by the connecting joints such that the tissue grasping surfaces of the surgical clip could return to their tissue grasping position. ~~**FIGS. 32 and 33**~~ **FIGS. 32** and **33** illustrate two possible alternatives for providing such a locking mechanism.

Please amend paragraph **[0168]** as indicated below:

[0168] Piston and corresponding piston foot 112 can be operated, for example, by a fluid under pressure injected in the space 138 between the piston and the body 116. Seals or O-rings can be used as necessary to prevent leakage of the fluid from deployment device 120. The more fluid is injected in space 138, the ~~further piston~~ further the piston moves in direction F. In one embodiment, the fluid is provided by a tube 140 that connects the deployment device 120 to a calibrated fluid force generator 142. Fluid force generator 142 can be a manually operated piston, and can also include a force calibrating component, such as a calibrated valve, to release fluid at a specified pressure. In one embodiment, the fluid force generator is also placed outside the patient's body, near the proximal end of an endoscope 144.

Please amend paragraph **[0170]** as indicated below:

[0170] Several different embodiments of the invention have been developed, having different fulcrum portions that assist in deforming the clip, hold the clip in place during deformation, and can be withdrawn to release the clip. In one exemplary embodiment shown in **Fig. 41**, the fulcrum portion 150 is integral with the body 116' of the device. after the clip 110 is deformed in the closed configuration, continued movement of piston actuates cam surface 152 of fulcrum portion 150, so that the engaging portion 153 moves away from the clip 110. Clip 110 is thus released and can be ejected from body 116' by further travel of piston 114.

Please amend paragraph **[0173]** as indicated below:

[0173] Figure 44 shows a different embodiment where the fulcrum portions 160 are formed on a detachable section 162 of body 116. In this example, after the piston has deformed the clip 110, continued pressure by piston causes detachable section 162 to separate, thus releasing the clip.

Please amend paragraph **[0176]** by deleting the **"bold"** typeface on the word "and"as indicated below:

[0176] ~~**FIGS. 47 and 48**~~ **FIGS. 47 and 48** depict a different embodiment of the invention, where the fulcrum portions are integral with the clip 174. As the clip 174 is loaded into the endoscope cap, the fulcrums 172 are temporarily deformed from the state shown in **Fig. 47**, to the state shown in **Fig. 48**. This puts the fulcrums 172 in the necessary position so that the clip 174 can be bent. After a force is applied (by a piston, or other means described in this disclosure) to the clip 174 and the clip 174 is compressed onto the tissue, the fulcrums 172 can be released. The fulcrums 172 need to be released form the position shown in **Fig. 48**, and returned to the position in **Fig. 47** so that the clip 174 can be released from the endoscope cap.

Please amend paragraph **[0187]** as indicated below:

[0187] In a different embodiment, an outer sheath 232 can be slidably placed over the endoscope 144. In a retracted position, shown in the first frame of **Fig. 58**, the sheath 232 does not interfere with legs 212, that are in the open configuration. When sheath 232 is pushed to an extended position, shown in the second frame of **Fig. 58**, it forces legs 212 to close, thus compressing the tissue placed between legs 212.